

Mountain View High School  
11749 State Route 106  
Kingsley, PA 18826  
(570) 434-2501 FAX (570) 434-9582

Mountain View Elementary School  
11748 State Route 106  
Kingsley, PA 18826  
(570) 434-2181 FAX (570) 434-2755

# Volunteer Application Form

Administrators and Activity Supervisors are to use this form any time a volunteer is going to be used to assist with supervision of students in any school activity.

Volunteers are to complete the information below and return it to the school where they are requesting to volunteer along with PA State Criminal Record (Act 34), FBI Clearance (Act 114) and PA Child Abuse (Act 151) results. These clearances will be paid for by the volunteer (per Board Policy #916); volunteers are able to obtain free PA Child Abuse History and PA State Criminal Record clearances from the Commonwealth of Pennsylvania. Also needed is proof of a Negative Tuberculin Test within the last 3 months. All information regarding Volunteers will be kept in the building in which they are volunteering.

All Volunteers must be approved and application form signed by the building principal before Board approval.

Please complete the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

H-Phone: \_\_\_\_\_; C-Phone: \_\_\_\_\_; W-Phone: \_\_\_\_\_;

List activities throughout the school year for which you are interested in volunteering:

\_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

.....  
Act 34 (<https://epatch.state.pa.us>) \_\_\_\_\_  
Act 151 (<http://www.compass.state.pa.us/cwis>) \_\_\_\_\_  
FBI clearance (<https://uenroll.identogo.com/>) Code: **1KG6ZJ** \_\_\_\_\_  
Act 24 \_\_\_\_\_ Tuberculin Test \_\_\_\_\_ Training \_\_\_\_\_

**Approved by Principal:** \_\_\_\_\_

**Signature of Principal:** \_\_\_\_\_  
Date \_\_\_\_\_

**Signature of Superintendent:** \_\_\_\_\_  
Date \_\_\_\_\_

Approved by the Board of Education on \_\_\_\_\_

**Enclosures: Act 34 Application, Act 151 Application**  
**1/27/2023**

**Revised**

**Act 24 Application, FBI Clearance Information, Health Report**

### **Additional Information Regarding FBI Clearance for Volunteers:**

DHS does not offer the feature a for employers to access the results. Results are provided to the applicant directly by our department/office's Clearance Verification Unit at ChildLine and it is at the discretion of the applicant to provide their result to the employer or other person responsible for the selection of volunteers. If the applicant has no record, shortly after their fingerprints have been taken and a result can be provided, their result will go straight to printing for mailing and a copy will be sent to the applicant's email if the applicant supplied their email address, security question, and answer. The applicant will be advised to click on the link within the email and enter the security question and answer. If the applicant locks themselves out of the security question and answer, the result will be transmitted by U.S. Mail. Current mailing timelines take 7-10 business days to reach the intended destination. When the applicant does access the results, it is important that they be able to download it, save it and print it for future needs. There will be no second access to this electronic result.

All results will still be transmitted by U.S. Mail to all applicants. Applicants are advised to allow a minimum of two weeks, from the day they were fingerprinted, to receive their clearance result in the mail; however, applicants can call the CVU directly – by calling 717-783-6211 or 1-877-371-5422 (toll free), Monday through Friday 8:30 am to 5:00 pm EST – 24 to 48 hours after their fingerprinting appointment to check on the status and when their result was mailed. **Results are mailed in a plain envelope; therefore, applicants should be careful not to discard it prior to opening.**

Additional questions or concerns, please feel free to contact us again or visit our [Keep Kids Safe](#) website

# VOLUNTEER HEALTH RECORD FORM

## I. INFORMATION

Last Name	First	MI	Sex	Date of Birth
Home Phone		Cell Phone		Work Phone
Mailing Address: Street		City	State	Zip

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

## II. TUBERCULOSIS SKIN TEST RESULTS (Testing required per Regulations of the Department of Health)

DATE GIVEN	SITE: LA / RA	GIVEN BY:	ANTIGEN NAME	MANUFACTURER / LOT # / EXP DATE	SIGNATURE
DATE READ	RESULTS in MM		READ BY SIGNATURE		

Previously known/new positive reactors: \_\_\_\_\_

Chest X-ray: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_  
(Attach a copy of the report.)

Other: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_  
(Attach a copy of the report.)

Preventive Anti-Tuberculosis Chemotherapy ordered:  No  Yes Date: \_\_\_\_\_

**\*IF SIGNIFICANT REACTION WAS REPORTED, THE PRIMARY CARE PROVIDER REPORT MUST STATE THAT THE APPLICANT IS CURRENTLY FREE FROM TUBERCULOSIS DISEASE.**

**ARREST/CONVICTION REPORT AND CERTIFICATION FORM**  
 (under Act 24 of 2011 and Act 82 of 2012)

**Section 1. Personal Information**

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other names by which you have been identified: \_\_\_\_\_

**Section 2. Arrest or Conviction**

By checking this box, I state that I have NOT been arrested for or convicted of any Reportable Offense.

By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See Page 3 of this Form for a list of Reportable Offenses.

**Details of Arrests or Convictions**

For each arrest for or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the offense for which you have been arrested or convicted, the date and location of arrest and/or conviction, docket number, and the applicable court.

\_\_\_\_\_

\_\_\_\_\_

**Section 3. Child Abuse**

By checking this box, I state that I have NOT been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

By checking this box, I report that I have been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

**Section 4. Certification**

*By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

## INSTRUCTIONS

Pursuant to 24 P.S. §1-111(c.4) and (j), the Pennsylvania Department of Education developed this standardized form (PDE-6004) to be used by current and prospective employees of public and private schools, intermediate units, and area vocational-technical schools.

As required by subsection (c.4) and (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current and prospective employees of said institutions to provide written reporting of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1) and to provide notification of having been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

As required by subsection (j)(4) of 24 P.S. §1-111, this form also shall be utilized by current and prospective employees to provide written notice within seventy-two (72) hours after a subsequent arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) or (f.1).

In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity. Please contact a supervisor or the school entity administration office with any questions regarding the PDE 6004, including to whom the form should be sent.

**PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.**

## LIST OF REPORTABLE OFFENSES

- **A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:**

- (1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:
 

<ul style="list-style-type: none"> <li>▪ Chapter 25 (relating to criminal homicide)</li> <li>▪ Section 2702 (relating to aggravated assault)</li> <li>▪ Section 2709.1 (relating to stalking)</li> <li>▪ Section 2901 (relating to kidnapping)</li> <li>▪ Section 2902 (relating to unlawful restraint)</li> <li>▪ Section 2910 (relating to luring a child into a motor vehicle or structure)</li> <li>▪ Section 3121 (relating to rape)</li> <li>▪ Section 3122.1 (relating to statutory sexual assault)</li> <li>▪ Section 3123 (relating to involuntary deviate sexual intercourse)</li> <li>▪ Section 3124.1 (relating to sexual assault)</li> <li>▪ Section 3124.2 (relating to institutional sexual assault)</li> <li>▪ Section 3125 (relating to aggravated indecent assault)</li> <li>▪ Section 3126 (relating to indecent assault)</li> <li>▪ Section 3127 (relating to indecent exposure)</li> <li>▪ Section 3129 (relating to sexual intercourse with animal)</li> <li>▪ Section 4302 (relating to incest)</li> <li>▪ Section 4303 (relating to concealing death of child)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Section 4304 (relating to endangering welfare of children)</li> <li>▪ Section 4305 (relating to dealing in infant children)</li> <li>▪ A felony offense under section 5902(b) (relating to prostitution and related offenses)</li> <li>▪ Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)</li> <li>▪ Section 6301(a)(1) (relating to corruption of minors)</li> <li>▪ Section 6312 (relating to sexual abuse of children)</li> <li>▪ Section 6318 (relating to unlawful contact with minor)</li> <li>▪ Section 6319 (relating to solicitation of minors to traffic drugs)</li> <li>▪ Section 6320 (relating to sexual exploitation of children)</li> </ul>
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- (2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as “The Controlled Substance, Drug, Device and Cosmetic Act.”
- (3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of:
  - the United States; or
  - one of its territories or possessions; or
  - another state; or
  - the District of Columbia; or
  - the Commonwealth of Puerto Rico; or
  - a foreign nation; or
  - under a former law of this Commonwealth.

- **A reportable offense enumerated under 24 P.S. §1-111(f.1) consists of any of the following:**

- (1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.
- (2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.
- (3) An offense under 75 Pa.C.S. § 3802(a), (b), (c) or (d) (relating to driving under influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under 75 Pa.C.S. § 3803 (relating to grading), if the person has been previously convicted of such an offense and less than (3) three years has elapsed from the date of expiration of the sentence for the most recent offense.